

|                           |
|---------------------------|
| RCS No. G-MOA             |
| MISLE NOTIFICATION NUMBER |

|   |  |  |  |  |  |  |  |   |  |
|---|--|--|--|--|--|--|--|---|--|
| 1. Name of Vessel or Facility<br><b>MV Walla Walla</b>                            |  | 2. Official No.<br><b>546382</b>                       |  | 3. Nationality<br><b>USA</b>   |  | 4. Call Sign<br><b>WYX2158</b>               |  | 5. USCG Certificate of Inspection issued at:<br><b>Seattle, WA</b>        |  |
| 6. Type (Towing, Freight, Fish, Drill, etc.)<br><b>Auto &amp; Passenger Ferry</b> |  | 7. Length<br><b>440'</b>                               |  | 8. Gross Tons<br><b>3246</b>   |  | 9. Year Built<br><b>1972</b>                 |  | 10. Propulsion (Steam, diesel, gas, turbine...)<br><b>Diesel Electric</b> |  |
| 11. Hull Material (Steel, Wood...)<br><b>Steel</b>                                |  | 12. Draft (Ft. - in.)<br><b>FWD 16' 7" AFT. 16' 8"</b> |  | 13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)<br><b>ABS</b> |  | 14. Date (of occurrence)<br><b>11/4/2012</b> |  | 15. TIME (Local)<br><b>1057</b>   |  |

|  |  |        |            |       |            |       |            |
|--|--|--------|------------|-------|------------|-------|------------|
| 16. Location (See Instruction No. 10A)<br>Eagle Harbor repair facility, Windslow, WA   | 17. Estimated Loss of Damage TO:   |        |            |       |            |       |            |
| 18. Name, Address & Telephone No. of Operating Co.<br>WSDOT- Ferries Division<br>2301 3rd Ave, Ste 500<br>Seattle, WA 98121 206-515-3400 | <table border="0"> <tr> <td>VESSEL</td> <td><u>U/K</u></td> </tr> <tr> <td>CARGO</td> <td><u>N/A</u></td> </tr> <tr> <td>OTHER</td> <td><u>N/A</u></td> </tr> </table> | VESSEL | <u>U/K</u> | CARGO | <u>N/A</u> | OTHER | <u>N/A</u> |
| VESSEL   | <u>U/K</u>   |        |            |       |            |       |            |
| CARGO  | <u>N/A</u>   |        |            |       |            |       |            |
| OTHER  | <u>N/A</u>   |        |            |       |            |       |            |

|  |   |                   |  |  |
|--|---|-------------------|--|--|
| 19. Name of Master or Person in Charge | USCG License  | 20. Name of Pilot | USCG License   | State License  |
| Cynthia Bruner                         | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | N/A               | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| 19a. Street Address (City, State, Zip Code) | 19b. Telephone Number | 20a. Street Address (City, State, Zip Code) | 20b. Telephone Number |
| ██████████.Colby, WA, 98384                 | ██████████            |   |                       |

|  |                                      |   |
|--|--------------------------------------|---|
| 21. Casualty Elements (Check as many as needed and explain in Block 44.) |                                      |   |
| <input type="checkbox"/> NO. OF PERSONS ON BOARD                         | <u>N/A</u>                           | <input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING   |
| <input type="checkbox"/> DEATH - HOW MANY?                               | <u>N/A</u>                           | <input type="checkbox"/> CAPSIZING (with or without sinking)  |
| <input type="checkbox"/> MISSING - HOW MANY?                             | <u>N/A</u>                           | <input type="checkbox"/> FOUNDERING OR SINKING  |
| <input type="checkbox"/> INJURED - HOW MANY?                             | <u>N/A</u>                           | <input type="checkbox"/> HEAVY WEATHER DAMAGE   |
| <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED         |                                      | <input type="checkbox"/> FIRE   |
| (Identify Substance and amount in Block 44.)                             |                                      | <input type="checkbox"/> EXPLOSION  |
| <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT:                    |                                      | <input type="checkbox"/> COMMERCIAL DIVING CASUALTY   |
| <u>N/A</u>   |                                      | <input type="checkbox"/> ICE DAMAGE   |
| <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED                    |                                      | <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION   |
| <input type="checkbox"/> COLLISION                                       |                                      | <input type="checkbox"/> STEERING FAILURE   |
| (Identify other vessel or object in Block 44.)                           |                                      | <input checked="" type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE  |
| <input type="checkbox"/> GROUNDING                                       | <input type="checkbox"/> WAKE DAMAGE | <input type="checkbox"/> ELECTRICAL FAILURE   |
|  |                                      | <input type="checkbox"/> STRUCTURAL FAILURE   |
|  |                                      | <input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) |
|  |                                      | <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)                |
|  |                                      | <input type="checkbox"/> BLOW OUT (Petroleum exorption/production)  |
|  |                                      | <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.)                                      |
|  |                                      | <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.)   |
|  |                                      | <input type="checkbox"/> OTHER (Specify)  |

22. Conditions

|   |  |  |  |                                      |     |
|---|--|--|--|--------------------------------------|-----|
| A. Sea or River Conditions<br>(wave height, river stage,<br>etc.) | B. WEATHER                               | C. TIME                                      | D. VISIBILITY                            | E. DISTANCE (miles<br>of visibility) | U/K |
|   | <input type="checkbox"/> CLEAR           | <input checked="" type="checkbox"/> DAYLIGHT | <input checked="" type="checkbox"/> GOOD |                                      |     |
|   | <input checked="" type="checkbox"/> RAIN | <input type="checkbox"/> TWILIGHT            | <input type="checkbox"/> FAIR            | F. AIR TEMPERATURE                   | U/K |
|   | <input type="checkbox"/> SNOW            | <input type="checkbox"/> NIGHT               | <input type="checkbox"/> POOR            | (F)                                  |     |
|   | <input type="checkbox"/> FOG             |  |  | G. WIND SPEED &<br>DIRECTION         | U/K |
|   | <input type="checkbox"/> OTHER (Specify) |  |  |                                      |     |
|   |  |  |  | H. CURRENT SPEED<br>& DIRECTION      | U/K |

|   |                  |                           |  |                                 |
|---|------------------|---------------------------|--|---------------------------------|
| 23. Navigation Information  |                  | 24. Last Port Where Bound |  | 24a. Time and Date of Departure |
| <input checked="" type="checkbox"/> MOORED, DOCKED OR FIXED                     | SPEED _____      |                           |  |                                 |
| <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING | AND COURSE _____ |                           |  |                                 |

[illegible]

|   |  |                      |                               |                        |             |                 |                                    |
|---|--|----------------------|-------------------------------|------------------------|-------------|-----------------|------------------------------------|
| 26. Name                                  |  | 26a. Official Number |                               | 26b. Type              | 26c. Length | 26d. Gross Tons | 26e. Date of Inspection Issued at: |
| 26f. Year Built                           | 26g. <input type="checkbox"/> SINGLE SKIN<br><input type="checkbox"/> DOUBLE | 26h. Draft<br>FWD    | AFT                           | 26i. Operating Company |             |                 |                                    |
| 26j. Damage Amount                        |  |                      | 26k. Describe Damage to Barge |                        |             |                 |                                    |
| BARGE _____<br>CARGO _____<br>OTHER _____ |  |                      |                               |                        |             |                 |                                    |



| SECTION III. PERSONNEL ACCIDENT INFORMATION  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 27. Person Involved<br><br><input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE<br><input type="checkbox"/> DEAD <input type="checkbox"/> INJURED<br><input type="checkbox"/> MISSING  |  | 27a. Name (Last, First, Middle Name)<br><br>27b. Address (City, State, Zip Code) |  |  | 27c. Status<br><br><input type="checkbox"/> Crew<br><input type="checkbox"/> Passenger<br><input type="checkbox"/> Other |  |  |
| 28. Birth Date   |  | 29. Telephone No.  |  | 30. Job Position   |  | 31. (Check here if off duty)<br><br><input type="checkbox"/>   |  |
| 32. Employer - (If different from Block 18., fill in Name, Address, Telephone No.)   |  |  |  |  |  |  |  |
| 33. Person's Time<br><br>A. IN THIS INDUSTRY -<br>B. WITH THIS COMPANY -<br>C. IN PRESENT JOB OR POSITION -<br>D. ON PRESENT VESSEL/FACILITY -<br>E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -  |  |  |  | YEAR(S)      MONTH(S)<br>_____<br>_____<br>_____<br>_____    |  | 34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)<br><br>35. Was the Injured Person Incapacitated 72 Hours or More?<br><br>36. Date of Death |  |
| 37. Activity of Person at Time of Accident   |  |  |  |  |  |  |  |
| 38. Specific Location of Accident on Vessel/Facility   |  |  |  |  |  |  |  |
| 39. Type of Accident (Fall, Caught between, etc.)  |  |  |  | 40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)     |  |  |  |
| 41. Part of Body Injured   |  |  |  | 42. Equipment Involved in Accident                           |  |  |  |
| 43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the injury.   |  |  |  |  |  |  |  |
| SECTION IV. DESCRIPTION OF CASUALTY  |  |  |  |  |  |  |  |
| 44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).<br><br><p>The vessel was tied up at the Eagle Harbor repair facility where 6 electricians were attempting to stone 2B Drive Motor commutator using 2A Drive Motor to turn the propeller shaft. Captain was standing by in #1 Wheel House with the plan to push the vessel into the dock at a shaft speed of 40 rpm. The plant was set for no power on the B-Loop and one engine on the A-loop to drive the shaft. Excitation was placed on 2A drive motor and the shaft was turned 40 rpm at 1049 hr. At 1057 hr 1A Drive Motor Air Temp High alarm sounded. At this time Oiler noted smoke coming from #1 Motor Room. He saw arcing though the Plexiglas and smoke coming from 1A Drive Motor. He left and notified Chief who secured #3 Main Engine(1059 hr) and dropped out the propulsion loop. Via camera, the Chief noted that the arcing stopped when the power was removed. Oiler closed the WTD and under direction, rang the general alarm for fire. He then suited up in Bunker gear and stood by for any additional direction. Mustering in the Control Room we observed, via camera, the Drive Motor and Motor Room. There was no fire or arcing. (Continued on attachment)</p> |  |  |  |  |  |  |  |
| 45. Witness (Name, Address, Telephone No.)<br>Marcus Levang, [REDACTED], Poulsbo, WA 98370 [REDACTED]  |  |  |  |  |  |  |  |
| 46. Witness (Name, Address, Telephone No.)<br>John Settles, [REDACTED] Edmonds, WA 98020 [REDACTED]  |  |  |  |  |  |  |  |
| SECTION V. PERSON MAKING THIS REPORT   |  |  |  |  |  | 47c. Title   |  |
| 47. Name (PRINT) (Last, First, Middle)<br>Cooper, Bruce, Arnold  |  |  | 47b. Address (City, State, Zip Code)<br>[REDACTED] Everett, WA 98201 |  |  | Staff Chief Engineer   |  |
| 47a. Signature<br>  |  |  |  |  |  | 47d. Telephone No.<br>[REDACTED]   |  |
|  |  |  |  |  |  | 47e. Date 11/07/2012   |  |
| FOR COAST GUARD USE ONLY   |  |  |  |  |  | REPORTING OFFICE:  |  |
| MISLE Incident Investigation Activity Data Entry:  |  |  |  | MISLE Incident Investigation Activity Number (if applicable) |  |  |  |
| NONE      PRELIMINARY      DATA COLLECTION      INFORMAL      FORMAL   |  |  |  |  |  |  |  |
| Serious Marine Incident    Yes    No<br>Major Marine Casualty      Yes    No   |  | INVESTIGATOR (Name)  |  | DATE   |  | APPROVED BY (Name)   |  |
|  |  |  |  |  |  | DATE   |  |

REPORT OF MARINE ACCIDENT,  
INJURY OR DEATH  
CG-2692

MV Walla Walla, Date of Occurrence 11/04/2012

Continued - SECTION IV. DESCRIPTION OF CASUALTY

...We left the space closed for 45 minutes and observed the condition by camera. With no change, (no smoking, no arcing, no fire) we mechanically vented the space to outside atmosphere. When clear, entered the Motor Room for an inspection and found extensive damage to the commutator. There were no injuries to personnel. The Port Engineer was notified, an investigation has been started, procedures are to be written and GE reps have been on site for plan of action.

Bruce Cooper,  
Staff Chief Engineer  
MV Walla Walla

A handwritten signature in dark ink, appearing to read 'Bruce Cooper', with a long horizontal flourish extending to the right.